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Publication Date

2003-01-01

CALIFORNIA'S LATINO CHILDREN UNDER FIVE: INVESTMENT IN THE FUTURE

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For some time we have known that the period of early childhood, from conception to at least age three, is critical to a child's development. The work of Bowlby (1969), Piaget (1947) and others has stressed the importance of mother-infant bonding and stimulating language development. They have provided important insights into the early childhood years. These early researchers provided the foundation for the emphasis on early childhood intervention programs.

While psychiatrists and educators also recognized the value of early experiences, the supporting data for this view were largely anecdotal. In recent years, however, new research has stimulated renewed interest in the importance of early childhood experiences and interactions, especially in the first three years of life. By 1997, *Time* and *Newsweek* magazines were citing the new brain research that showed that from conception the baby's brain becomes a blueprint that is progressively refined and driven by a flood of sensory experiences. During the first years of life, the brain undergoes a series of extraordinary changes and the underlying physical architecture of the brain is established. If deprived of a stimulating environment, a child's brain suffers. Modern neuroscience is providing the hard, quantifiable evidence that was missing earlier (Nash, 1999).

Brain Development

The advances in brain research have provided new information as to how the brain continues to grow and develop during the first years of life. At one time, this growth was thought to be determined solely by genetics; however, now it is believed that it is also highly dependent upon the child's experiences. This mounting evidence suggests that early experiences interacting with genetic make-up can dramatically change the way the brain develops (Ounce of Prevention, 1996). Brain development is not genetically predetermined; rather, it occurs as a consequence of a child's experience in physical and social environments and the way in which those experiences affect a child's genetic predisposition (Hochstein & Halfon, 1998).

While there has long been accumulating evidence that brain development responds to activity, only recently have researchers had the tools to pinpoint the mechanisms by which those changes are brought about. The old debate over whether it is nature or nurture has become a question of how and in which ways genes and environments interact. This interaction begins about the third week of gestation. While nature is the dominant force in this early stage of development, nurture plays a vital supportive role. Changes in the environment of the womb, whether caused by maternal malnutrition, drug abuse or other events, can influence nature and affect later fetal developmental outcomes (Nash, 1997).

Early Childhood Programs

This research has helped promote a renewed interest in early childhood programs in California and elsewhere to produce a healthy development of the brain during the first few years of life. The emphasis has shifted to the years prior to entering school and to services that promote early childhood development and school preparedness and readiness. In the past,

program dollars emphasized intervention at the school level or after the age of five when the costs of trying to repair, mediate, or heal these children is far greater than those of preventing the problems (Hochstein & Halfon, 1999).

In short, the first years are now understood to influence all subsequent development. The first three years of life are a pivotal time for the future of a child, a time during which the neuron building blocks of future emotional, cognitive and motor skills are built (Shore, 1997). Early experiences imprint themselves upon the structure of the brain at this time, so that, for example, when a child receives dysfunctional behavioral responses from a caregiver, many of the behavioral responses that grow out of the child's relationship with that caregiver can be significantly impaired. Young children need developmentally appropriate interaction during these critical periods. While brain development is flexible, it is ready for certain kinds of experiences at particular stages of development. Although children need supportive relationships throughout childhood, there are critical periods when specific skills and emotional response patterns are developed (Hochstein & Halfon, 1999).

Role of Parents

Parents are central to providing the sustenance and growth experiences children require. In a comprehensive review of the literature on the importance of a child's early years, from birth to kindergarten, Illig (1998) examines the relationship between economic, home and community factors experienced by young children and their relationship to performance both in school and later in life—which he calls “life-course outcomes.” He cites numerous studies that have shown a relationship between low parental economic, educational, social and emotional resources and poor life-course outcomes.

Among those factors that have been shown to be related to poor outcomes are poverty or low economic resources, low parental educational attainment, single parenthood, poor nutrition, health problems, lack of health care, neighborhood violence, and unstimulating home environments. While the presence of any or a combination of these factors does not necessarily predict poor outcomes, families who exhibit them are more likely to be “at risk” for undesirable outcomes. Therefore, such factors have been labeled as *risk factors*. A child can be buffered from bad life-course outcomes through *protective factors*. Some of these protective factors can include a strong extended family social support system, community interventions, participation in extracurricular activities, and a myriad of others that in combination add to a child's resiliency (Illig, 1998). The challenge for California is to enhance childhood protective factors and risk factors.

Public Policy Towards Children

Clearly, parents or primary caregivers are central to insuring the best possible outcomes for in California's children. While intervention programs are available for school-age children, less attention and fewer public dollars are spent on programs to intervene with preschool children, infants and toddlers. For families with insufficient or limited resources, Hochstein & Halfon (1999) favor a system of care or *bridge of support* from gestation to school entry to maximize the developmental potential of young children.

There is strong evidence that parenting makes a difference for the health and development of children. Children's development from birth to school entry, ages 0-5, has been one that many parents have guided on their own as they face economic and other stresses in the family. Parenting can be particularly difficult for families in poverty. While poverty alone, as noted before, can result in poor outcomes, correlates of poverty such as lack of prenatal care, lack of health care for children, malnutrition, and other factors contribute to higher rates of undesirable outcomes that lead to the need for later interventions.

The California Policy Agenda

Communities in California must educate parents about the importance of early experiences for their children's development. Often parents are not aware of what they can do to foster their children's healthy cognitive and emotional development or where they can go to receive help in providing their children with needed resources. Parents may need help in learning what they can do to provide their children with appropriate stimulation.

While all children need appropriate care from parents, relatives, friends and other caregivers, they also need additional services at varying levels of intensity, depending on each family's needs to strengthen the protective factors for a child's healthy growth. Children whose circumstances create risk are more likely to need appropriate services to ensure caring and stimulating environments that will further brain development. For example, the growing number of women in the workforce who have preschool children must insure that quality child care is provided to their children. Where a child receives care is less important than the quality of care he or she receives. Parents should be given information about how to choose quality care for their children (Hockstein & Halfon, 1999; Better Brains for Babies, 1998).

Many federal and state programs are available for at-risk California families and children with high levels of need. Programs such as Head Start and Healthy Families often focus on both parents and children and have a proven impact on outcomes for children and the health of families. In a major review of early intervention programs, it was found that many early childhood intervention programs support emotional and cognitive development, improve educational outcomes and improve economic well being and health for children or their mothers. Targeting higher cost interventions to higher risk families was found to be particularly important if social savings were to exceed program costs (Hockstein & Halfon, 1998; Karoly, et. al., 1998).

California's Population of Latino Children, Ages 0-5

In California, to prepare children successfully to enter school healthy and ready to learn, early childhood programs must address the unique needs of young Latino children. Such children represent close to one-half of all young children, ages 0-5 years, in the state. Many of the early childhood development needs of Latino children are distinct from those of non-Latino children. Some differences arise from economic disparities as well as unique cultural and linguistic characteristics. Other differences can be attributed to such factors as high rates of childhood poverty, poor health conditions, and a high proportion of recent immigrants.

California is at a critical crossroads. Today, according to the 2000 census, almost 10 million Latinos reside in California. This number represents almost one-third of the state's total population. Latinos are an even higher proportion of the child population, making up almost

one-half (46%) of children ages 0 to 5 in California (Children Now, 1999). An investment in the adequate preparation of California's preschool-age Latino children today will yield positive results with many more children entering school healthy and ready to learn. Knowing more about this population will help policymakers and educators ensure that all children benefit from efforts aimed at early childhood development.

The Latino Family and Child Poverty in California

Parents play the most important role in providing the nurturing experiences that children require, yet parenting can be particularly difficult for families in poverty. Latino families have higher levels of poverty, poor education, low wages, overcrowded housing, inadequate health care, and more limited English-language proficiency than the overall population. Thus, they face greater obstacles to supporting positive life outcomes for their children.

Since the 1990s, there has been a national decline in child poverty and low-income rates in the United States. However, California's child poverty rates have consistently surpassed those of the nation. From 1987-1993, California's low-income and child poverty rates were less than that of the nation, but from 1993 to the present that picture has changed. Today the national poverty rate is 16% while that for California is 19%. For example, the National Center for Children in Poverty (2002) points out:

One in six poor children in the United States lives in California, compared to about one in 10 two decades ago. The number of poor children in California has grown at a faster pace than the total number of children in the United States.

The increase in immigration since 1993 has had a major influence on the rate of low-income families in California. Forty-six percent of all children in California are immigrants. Immigrant children comprise nearly 60% of the children who are poor. The poverty rate among immigrants as a group is the highest in the state. Latino families represent the largest proportion of immigrant families in California. Figure 1 shows the distribution of poor children in California. In the past two decades, the proportion of poor Latino children in California has increased from 41% to 61%, and for non-Latino Whites the proportion has declined from 30% to 21%, and that for Blacks, has declined from 16% to 7% (NCCP, 2002).

Family Economics

The economic status of a family is an important indicator of its capacity to access resources that can aid a child's well-being. While parents' low income or lack of wealth does not guarantee poor outcomes for children, it plays an important role when combined with other "at-risk" factors (Illig, 1998). As noted, a large percentage of Latino children live in poverty. Figure 2 shows that among California families with children ages 0-5, twice as many Latino families as non-Latino families have an annual income of \$30,000 or less. Latinos' annual per capita median wage is nearly one-half that of non-Latino whites. Latinos are the only group below the state annual median per capita wage.

Education and Employment

Many Latino parents with young children have limited years of schooling, affecting their ability to obtain employment in high-wage industries and therefore impeding their upward

mobility. Four out of five farm workers, two out of three assembly workers, and one out of two household domestic workers are Latino. Figure 3 shows that 45% of Latino workers statewide do not have a high school diploma or its equivalent. While 45% of non-Latino workers have education beyond high school, less than 15% of Latino workers do.

Health Care

Perhaps no area is as critical for small children as their health because their ability to excel in school is highly dependent on their physical well-being. Latinos, however, are more likely to pay out-of-pocket for their health care than other groups because Latinos are twice as likely to be uninsured as any other ethnic group. Figure 4 shows that 32% of all Latino children (0-18) are uninsured compared to 16% of Asian and Pacific Islander children, 13% of African-American children, and 12% of non-Latino White children. The highest rate of uninsured is immigrant children (Figure 5). This lack of health care insurance among Latinos is partly due to employment in the type of jobs that do not provide health care insurance. In this regard, since immigrant parents are the most likely to be employed in the low-skilled, low-wage labor market, they are also the most likely to lack health insurance that covers them and their children.

Figure 6 shows that many eligible Latino families in California are not using state-funded programs, that provide child health insurance (Medi-Cal and Healthy Families) and preschool education (CalWORKs). Many families are unaware of the programs, do not know that they are eligible, or find the application process too confusing.

Housing

Crowded housing in California is a sign of severe economic constraints affecting child development. Latinos account for two-thirds of the state's overcrowded households and three-quarters of the state's most severely overcrowded households. In 1997, 29% of California's Latino renter households in metropolitan areas were overcrowded. Among homeowners, only 3% of non-Latino White households in metropolitan areas were overcrowded while 14% of Latino households were (California Budget Report, 2000).

English-Language Proficiency

English language acquisition is important to doing well in school (CBED 1997-1998). Yet, almost half of all Latino children enrolled in kindergarten through high school have limited English-proficiency. Even more dramatically, about four out of five Latino children enrolled in kindergarten are classified as limited English-proficient.

Preparation for Schooling

Children who do well in school tend to have gone to preschool or kindergarten. Yet most Latino children in the state, ages three to five years, were not enrolled in preschool or kindergarten in 1997 (53% not enrolled). Figure 7 shows that 28% of non-Latino White, 10% of African American, and 8% of Asian children were not enrolled in preschool.

Enrollment in preschool or kindergarten seems to be related to level of income. For example, Figure 8 indicates that 51% of children in the \$15,000 or less income level compared to only 22% of children in the \$75,000 and above income level were not enrolled in preschool or kindergarten. Children in the \$15,000 or less income level could be eligible for state-subsidized

care through CalWORKs or the state preschool program. Since Latino children are the most likely not to be enrolled in preschool and kindergarten and also the most likely to be in low-income families, they are not receiving the benefits of early childhood education.

Policy Implications

New advances in brain research have produced significant evidence that early experiences interacting with genetic formation can dramatically change the way the brain develops. As noted earlier in this chapter, the experiences of the first years of childhood influence subsequent cognitive and emotional development. Young children need developmentally appropriate interactions during these critical periods. Thus, parents or primary caregivers play the most important role in providing the nurture and experiences that children require.

Some California families, however, have low economic, educational, social and emotional resources. Inadequate resources in these areas have been shown to be related to poor or undesirable outcomes, requiring interventions in later life. To respond to the needs of young children in families with limited resources in a variety of areas, voters passed Proposition 10 in November 1998, with the intent of funding early childhood programs to insure that California's children, ages 0-5, would be ready to enter school healthy and ready to learn.

Proposition 10

In November 1998, California citizens passed the California Children and Families First Act by a narrow margin of 50.6% to 49.4%. This measure, placed on the ballot through the initiative process, is most commonly referred to as Proposition 10. Under the California Children and Families First Act, an additional 50 cents per pack tax is levied on cigarettes to fund early childhood development services for children, ages 0-5. The intent of Proposition 10 is to fund services that will “produce children that are healthy and ready to learn.” California's Legislative Analyst's Office has estimated that the measure will generate up to \$700 million per year (Children's Partnership, Next Generation, March 1999).

Proposition 10 legislation created an overarching state commission that is responsible for spending 20% of the funding on public awareness education, mass media campaigns, child care training, research and administration. The remaining 80% of the total funds are to be spent by the individual counties on programs and services related to early childhood development. California counties formed local commissions to implement the policy. The funds were allocated to counties based on their annual numbers of births in proportion to all state births.

Funding allocations are made at the county level because of the diversity of the state – geographically, demographically, and culturally. California's programs are generally county-driven to meet the unique needs of individual county populations. To receive funding, county commissions submitted strategic plans delineating how funds were to be spent. In those strategic plans, counties included demographic profiles as contexts for addressing the developmental needs of their young child populations. They also identified outcome measures from which they could evaluate progress over time.

As noted, Latino children make up a substantial portion of the young child population in the state. To develop a plan that meets the early childhood development needs of its young children, there must be significant attention to the early childhood development needs that are unique to Latino children. Often, the early childhood development needs of Latino children are grouped together as similar to those of other, non-Latino low-income children. However, Latino children have unique social, cultural and linguistic factors that differentiate them from other low-income children, from non-Latino White children, and from children of other ethnic backgrounds. The data already presented in this chapter show the extreme life circumstances and needs of this young Latino population.

What Is to be Done?

The data presented here suggest that Latino families face particularly difficult circumstances in spite of their high labor force participation rate. Such families often lack adequate health care. They have low rates of preschool enrollment and they confront many factors that place them at high risk for unfavorable outcomes.

Latino children must be particularly targeted for early childhood intervention strategies. The counties are implementing an array of strategies to address the needs of their child populations. But these newly-funded early childhood programs must understand and respond to the specific circumstances and needs of Latino children to be successful in preparing them to enter school healthy and ready to learn.

A few suggested areas for policy include the following:

Health Care

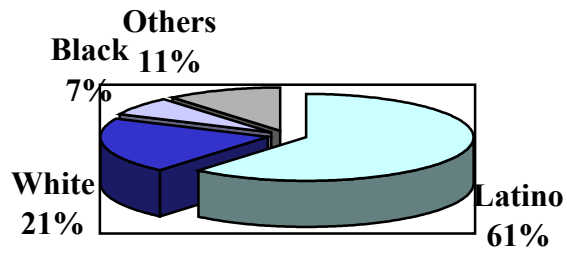
1. Define “health” care more holistically, to include dental, visual, audio, nutritional, and mental health care.
2. Utilize funding mechanisms, such as Proposition 10, federal, local and state funds, to create a universal health care program for all children under the age of 21 years.
3. Simplify and streamline the state’s health care programs. Implement enrollment procedures such as paperless verification, and eliminate the asset test from the Medi-Cal enrollment process.
4. Conduct media campaigns on the importance of preventative and primary health care at the community level.
5. Enhance collaborative efforts among school health centers, other educational programs, state-sponsored health care and nutrition programs (i.e. Women, Infant, Children (WIC) and Free and Reduced Lunch programs).
6. Work with Healthy Families and Medi-Cal to ensure that families are utilizing health care services.
7. Use outreach efforts since many “at risk” Latino families and children are eligible for state-funded programs but are not enrolled. Outreach efforts must be culturally tailored to overcome factors that may inhibit enrollment.

Early Childhood Education

1. Conduct an educational outreach campaign, in English and Spanish, as appropriate, of the importance of early childhood education programs such as preschool, kindergarten and center-based child care.
2. Insure that preschools, day-care centers and licensed family-center homes have access to, and information about, other assistance programs such as WIC, Healthy Families, Medi-Cal, and others.
3. Organize and publish a resource guide with information on state and local assistance programs, and distribute it through community-based programs.

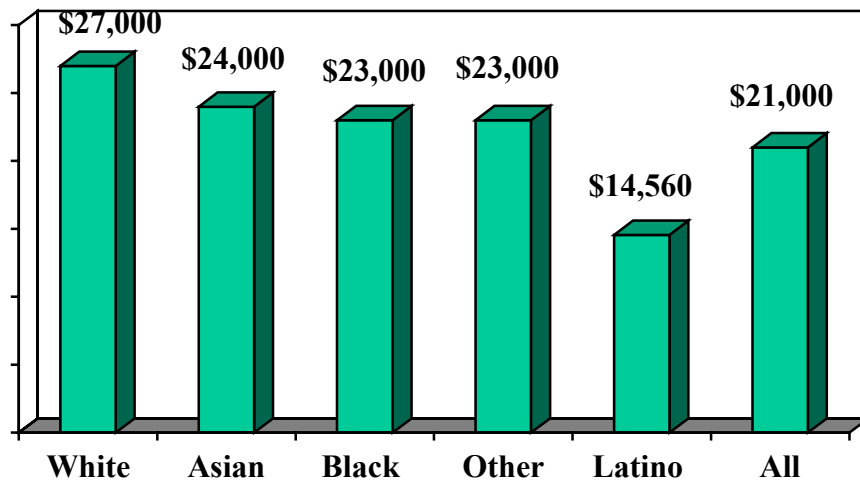
Policymakers and elected officials in California must require coordinated approaches to early childhood development that take into account how “adult” issues—employment, housing, and healthcare—impact children. Such approaches should focus on improving parents’ wage-earning potential and providing families’ access to affordable housing, education, and healthcare. The various initiatives will also benefit other children and families confronting risk factors, especially in other cases where the risks are also multiple. An investment in families today will yield positive results for California’s social and economic future.

Figure 1: Ethnic/Racial Distribution of Poor Children in California (2000)



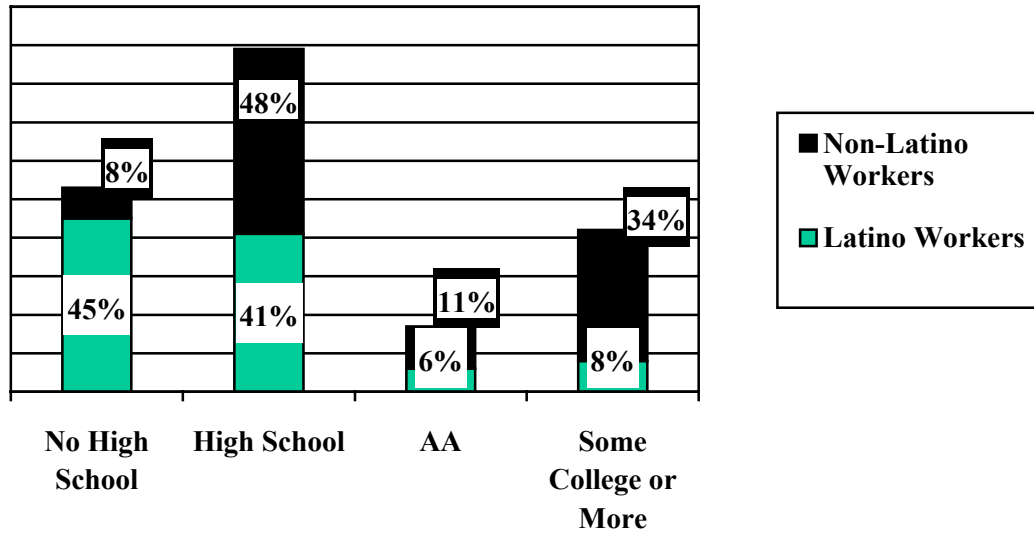
Source: National Center for Children in Poverty, 2002.

Figure 2: Median Wage by Ethnic Group (1998)



Source: Lopez et al, 2000.

Figure 3: Educational Attainment Among California Workers



Source: Lopez et al., 2000.

Source: Ponce et al., 2000.

Figure 4: Health Insurance of Ethnic/Racial Children, (0-18)

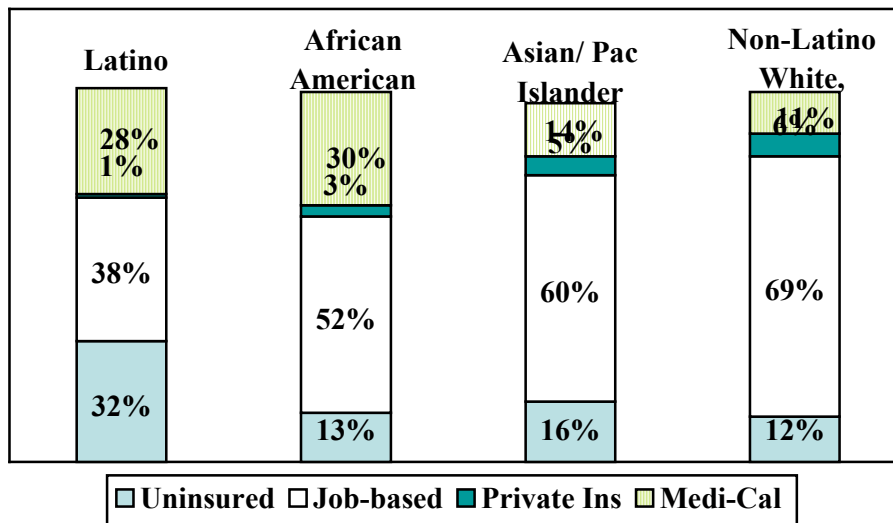


Figure 5: Health Insurance of Immigrant Families and Children

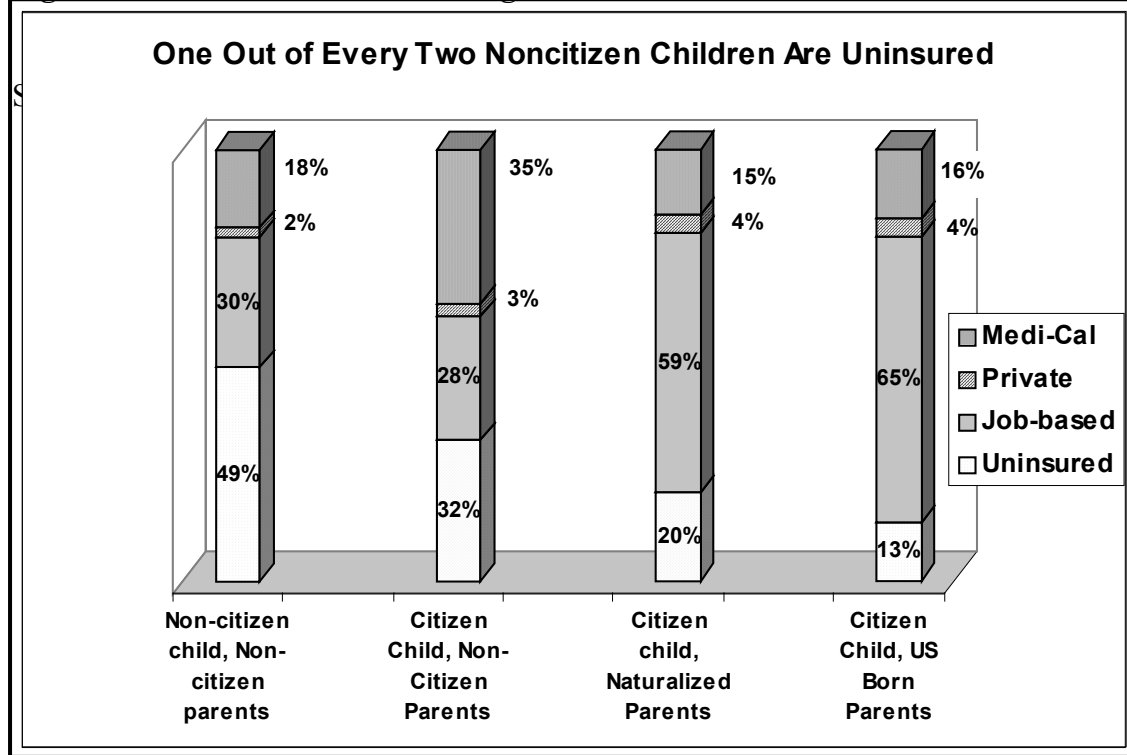
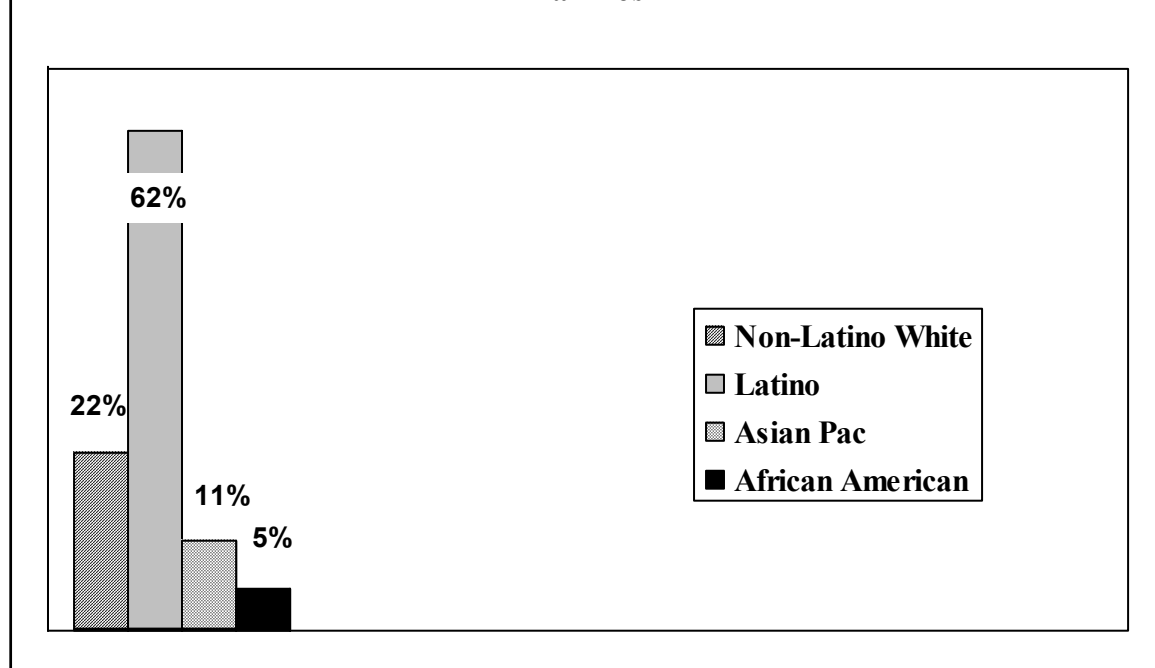
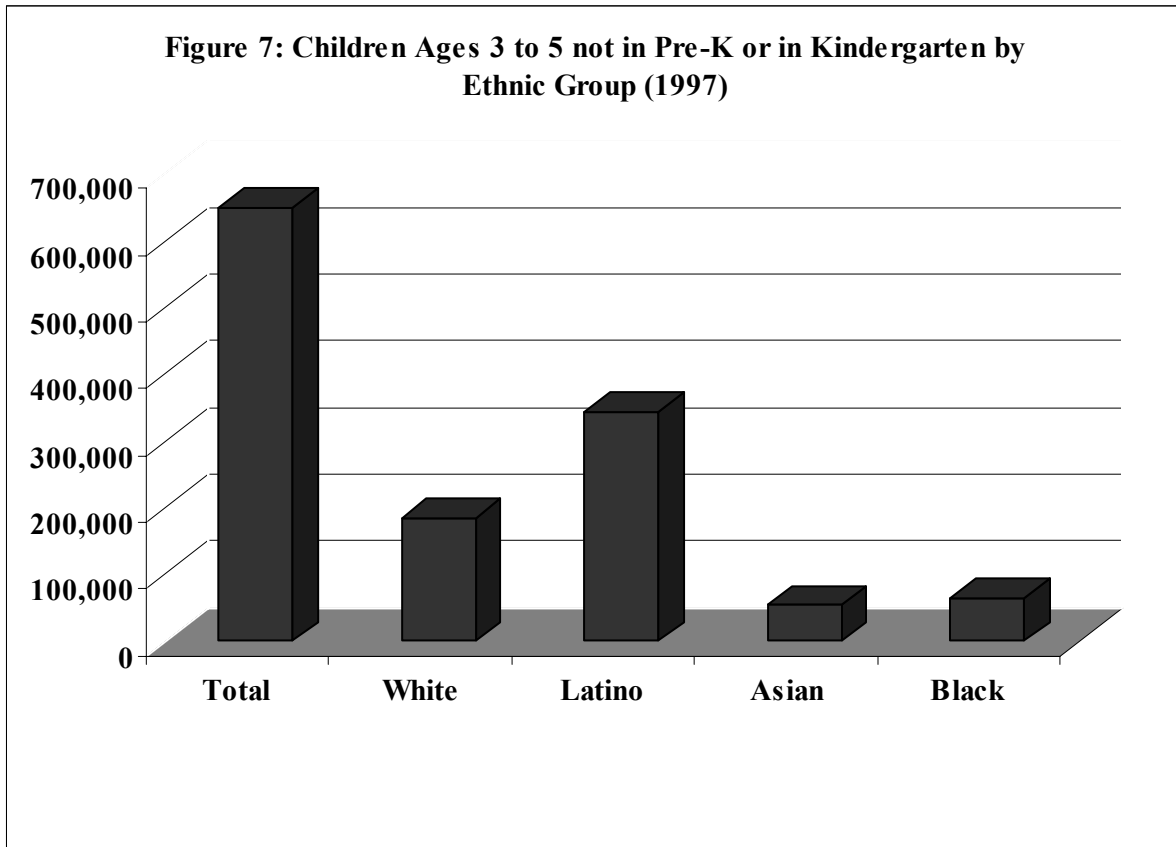


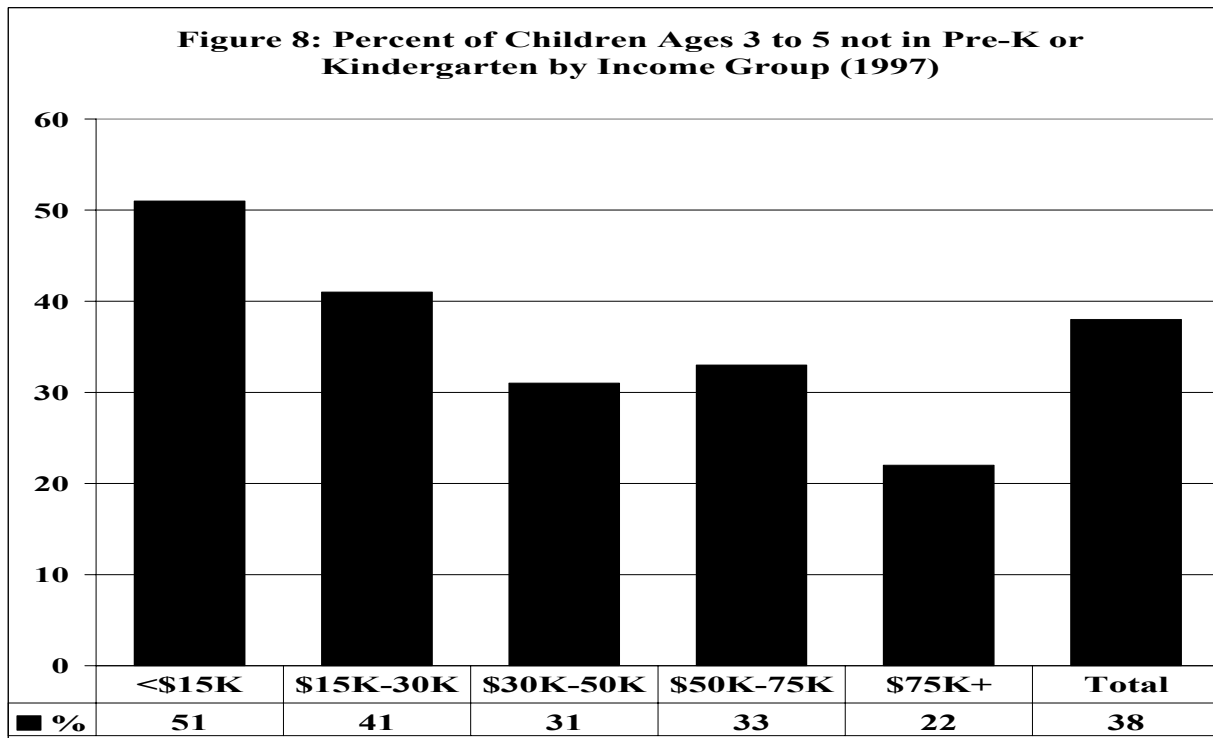
Figure 6: Children Uninsured and Eligible for Medi-Cal/Healthy Families



Source: Ponce et al., 2000.



Source: Lopez, 1999.



Source: Lopez, 1999.

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